

**NOTICE OF INTENT TO OPERATE UNDER NPDES GENERAL PERMIT ID-G13-0000 FOR
AQUACULTURE FACILITIES AND ASSOCIATED FISH PROCESSING FACILITIES IN IDAHO**

Submission of this document constitutes notice that the party identified under Operator Name intends to be covered by the general permit authorizing discharges from aquaculture activities in Idaho and obligates the permittee to comply with the terms and conditions of the permit.

Facility Owner/Operator Information

Operator Name:	Phone:
Address:	Fax:
	E-Mail Address:
	County:
Owner Name (if different from operator):	Phone
Address:	Fax:
	E-Mail Address:
	County:

Facility Information

Facility Name:	Phone
Address (attach area map):	Fax:
	E-Mail Address:
	County:

Previous Facility Names and Dates of Change of Name in Past Five Years:

New Permittees Only

Facility Latitude: (to 15 seconds of a degree):
Facility Longitude: (to 15 seconds of a degree):

Operations & Production Information

Describe the facility to be covered by the permit:

Number of concrete raceways: _____; area: _____
 Number of earthen-bottomed ponds: _____; area: _____
 Number of offline settling basins: _____; area: _____
 Number of full flow settling basins: _____; area: _____
 Number of quiescent zones: _____
 Number of fish processing lines: _____

Drugs, Disinfectant & Other Chemicals. List all projected types & maximum daily amounts used in next 5 years.

Name: _____ Maximum daily amount to be used: _____

Name: _____ Maximum daily amount to be used: _____

Name: _____ Maximum daily amount to be used: _____

Name: _____ Maximum daily amount to be used: _____

Name: _____ Maximum daily amount to be used: _____

Name: _____ Maximum daily amount to be used: _____

Description of Discharge

Describe the number & nature of outfalls (attach sketch, diagram or photo):

Water Sources and Flow Through the Facility & Time Period (e.g., 12 cfs minimum, and 15 cfs maximum between June 15 and September 30 in a typical year from True Springs)

Primary Source:	Min flow:	Max flow:
Secondary Source:	Min flow:	Max flow:

Name(s) of Receiving Water to which Outfall Discharges:	Larger Receiving Water Downstream:
NPDES Permit No.:	IDA License Number:
Other Number(s) Assigned to Facility and Source:	IDWR Water Right Number:

Initial Submittals Which Are Attached

_____ Waiver Request
 _____ Location Map, also showing all outfall and monitoring location(s)
 _____ Best Management Practices Plan Certification (for new permittees only)

SIGNATURE AND CERTIFICATION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Signature:

Title/Company:

Print Name:

Date:

Attach additional pages, as necessary.